


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90073 045 ***150.00

DOCUMENT # G73660 1. Entity Name WEBSITE CONSULTING, INC.					
Principal Place of Business 6133 POWERS AVE. JACKSONVILLE, FL 32217			Mailing Address 6133 POWERS AVE. JACKSONVILLE, FL 32217		
2. Principal Place of Business - No P.O. Box # 4320 Deerwood Lake Pkwy		3. Mailing Address 4320 Deerwood Lake Pkwy			
Suite, Apt. #, etc. Ste 101, #511		Suite, Apt. #, etc. Ste 101, #511		04282008 Chg-P CR2E034 (12/06)	
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 59-2353173	
Zip 32216		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CISNEROS, HECTOR E. 6133 POWERS AVE. JACKSONVILLE, FL 32217				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS CISNEROS, HECTOR E 6133 POWERS AVE. JACKSONVILLE, FL 32217		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4320 Deerwood Lake Pkwy Ste 101, #511 Jacksonville FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Date 4/28/08 Daytime Phone # _____		